

PROOF OF SERVICE *who* Case NO. CV 08 262821 CASE NO. CV 08 2639SI

On 03-7-03 Daniel Rodriguez, Who was living in Mission Hotel 520 S. Van Ness Ave #348 SF CA 94110 Receive fully favorable decision in his SSI case?

So I was with full covered of Medicare. Went social worker Luis Gonzales Y217 Who work for City of SF on 1440 Harrison ST Suspend my Medicare in 2004.

So I suffered a gravely damage from glaucoma.

I sing under penalty perjury that the above is true.

FILED
JUN 27 2008
RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Daniel Rodriguez 6-25-08
Service Deputy City Attorney
Fox Plaza 1390 MARKET ST SIXTH FLOOR
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PS Form 3800, August 2006 See Reverse for Instructions



SOCIAL SECURITY ADMINISTRATION

Refer To: 572-90-3224

Office of Hearings and Appeals
Social Security Administration
301 Howard Street, 3rd Floor
San Francisco, California 94105

Date: 03 JUL 2003

Daniel Rodriguez
Mission Hotel
520 S. Van Ness Ave. #348
San Francisco, CA 94110

NOTICE OF DECISION – FULLY FAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

If You Disagree With The Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How to File an Appeal

To file an appeal, you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

Time to File an Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.